MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008163
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 60

FILED MAR 6 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	DATE AMENDED
2	0928	0928
3		
4	0	
5	1	
6		
7	0	
8	2	
9	203X	
10		
11		
12	92-0	
13	4-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Length of stay in 1b: Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Joseph Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN St. Charles — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3 Ridgeview Dr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First John — Middle A. — Last Meyer

4. DATE OF DEATH: Month Feb. Day 25, Year 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1-28-1888

9. AGE (last birthday): 75
IF UNDER 1 YEAR — Months — IF UNDER 24 HR — Days — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rt. Retail Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retail Store

11. BIRTHPLACE (City and state or country): Big Springs, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Meyer

13b. MOTHER'S MAIDEN NAME: Minnie Lichte

14. NAME OF HUSBAND OR WIFE: Anna L. Meyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No

16. SOCIAL SECURITY NO. 072

17. INFORMANT: Mrs. Anna Meyer — Address: St. Charles, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-23-60 to 2-25-63 and last saw ~~her~~ him alive on 2-24-63
Death occurred at 4:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lt. Commanford M.D.

22b. ADDRESS: St Charles, Mo

22c. DATE SIGNED: 2-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 27, 1963

23c. NAME OF CEMETERY OR CREMATORY: Jonesburg Cemetery

23d. LOCATION (City, town, or county) (State): Jonesburg, Missouri

24. FUNERAL DIRECTOR.. ADDRESS: Arthur C. Baue, St. Charles, Mo.

25. DATE RECD. BY LOCAL REG.: 2-27-63

26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 589

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.